

CALIFORNIA DRIVER LICENSE RENEWAL BY MAIL FAX INFORMATION

704

Please do not submit this form if your license expires more than 60 days from today.

SOCIAL SECURITY NUMBER (DL and ID)	_____ (SSN is required before any original identification card application is started.) _____ (SSN is verified before any original commercial driver license application is started.)																	
ELIGIBILITY REQUIREMENTS	<p>The information you provide on this form will be used to evaluate your eligibility for a renewal by mail license. Please read and complete all questions accurately.</p> <p>1. Has your license been lost, mutilated, destroyed, or do you have a name change? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Has your driver license been expired for more than one year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Will you be 70 years of age or older when your current driver license expires? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you been convicted of any vehicle code moving violations within the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are you currently on any type of driving probation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Within the last two years, did you violate your written promise to appear in court? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Within the last two years, were you suspended for driving with an illegal blood alcohol concentration (BAC) level, or for refusing, or for failing to complete, a chemical or preliminary alcohol screening test? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered "Yes" to any of these questions, you are not eligible to renew by mail. You must renew your driver license in person at a DMV office. If you answered "No" to all of the questions, you may be eligible for a five-year driver license. Your eligibility will be determined after this form is evaluated.</p>																	
APPLICATION FOR RENEWAL BY MAIL	<p>DRIVER LICENSE NUMBER _____ BIRTH DATE _____ MONTH DAY YEAR</p> <table border="1"> <tr> <td>TRUE FULL NAME:</td> <td colspan="2">ADDRESS:</td> </tr> <tr> <td>FIRST</td> <td>MAILING ADDRESS</td> <td>APT./SPACE NUMBER</td> </tr> <tr> <td>MIDDLE</td> <td>CITY</td> <td>STATE ZIP CODE</td> </tr> <tr> <td>LAST</td> <td>RESIDENCE ADDRESS (IF DIFFERENT FROM ABOVE ADDRESS)</td> <td>APT./SPACE NUMBER</td> </tr> <tr> <td>SUFFIX (JR., SR., III)</td> <td>CITY</td> <td>STATE ZIP CODE</td> </tr> </table>			TRUE FULL NAME:	ADDRESS:		FIRST	MAILING ADDRESS	APT./SPACE NUMBER	MIDDLE	CITY	STATE ZIP CODE	LAST	RESIDENCE ADDRESS (IF DIFFERENT FROM ABOVE ADDRESS)	APT./SPACE NUMBER	SUFFIX (JR., SR., III)	CITY	STATE ZIP CODE
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REQUIRED MEDICAL QUESTIONS	<p>This medical information is for the confidential use of the DMV only and will not be released to any other person.</p> <p>Since you received your last license:</p> <p>1. Have you, within the last three years, experienced a lapse of consciousness or control or had any disease, disorder, or disability which affected your ability to exercise reasonable and ordinary control in operating a motor vehicle, such as epilepsy, diabetes, stroke, drug or alcohol addiction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you had a change in your vision which cannot be corrected with glasses or corrective contact lenses and which could affect your ability to drive safely, such as glaucoma, diabetic retinopathy, cataracts, macular degeneration? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes, to any of these questions, explain briefly and give your daytime telephone number: _____</p>																	
WHERE TO MAIL	<p>Send this form with your check or money order. Print your driver license number on the back of your check or money order and make it payable to DMV for \$15 or \$34 for commercial licenses. Please, do not send cash. If you need further information, please call (916) 657-7790.</p> <p>Mail to: DMV, Attn: Renewal By Mail Unit, P.O. Box 942890, Sacramento, CA 94290-0001</p>																	
CHEMICAL TEST DISCLOSURE	<p>I agree to submit to a chemical test of my blood, breath, or urine for the purpose of determining the alcohol or drug content of my blood when testing is requested by a peace officer acting in accordance with Vehicle Code §23157 (§23612, effective 7-1-99).</p>																	
MAILING ADDRESS CERTIFICATION	<p>I am the person whose name appears above. The mailing address shown is valid, existing, and accurate. I consent to receive service of process at this mailing address pursuant to §415.20(b), §415.30(a), and §416.90 of the Civil Procedure Code.</p>																	
PERJURY STATEMENT	<p>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>																	
SIGNATURE	DATE	SIGNATURE																

DL 410 (REV. 7/99) WWW

ADVISORY STATEMENT

The information required on this form pertains to eligibility for and issuance of a driver license. It is required under the authority of Division 6 of the California Vehicle Code. Failure to provide the information is cause for refusal to issue a driver license, or, in some cases, cancellation or withdrawal of the driving privilege.

Except as made confidential (medical information is confidential by law) or exempted under the Public Records Act, this information is a public record and is regularly used by law enforcement agencies and insurance companies. Access to address information is now restricted, and will be available to various authorized requesters for limited use. Individuals can obtain copies of their own information during regular office hours.

The Manager of the Consolidated Processing Area, 2570 - 24th Street, Sacramento, CA 95818 (Phone: (916) 657-8109), is responsible for maintaining this information.